

SDMS US EPA REGION V -1

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2/18/00
158495**POLLUTION REPORT****I. HEADING**

Date: February 18, 2000

Subject: Sauget Area 2, Site Q, Cahokia, St. Clair County, Illinois

From: Kevin Turner, U.S. EPA On-Scene Coordinator, Region 5

To: K. Mould, U.S. EPA, OSWER, Washington, DC
R. Karl, Chief, Emergency Response Branch
B. Bolen, Chief, Emergency Response Section II
B. Messenger, Chief, Emergency Enforcement Section
G. Narsete, Office of Public Affairs
L. Kirby, Office of Regional Council
M. McAteer, RPM, Remedial Response Branch
L. Smith, CO, Acquisition and Assistance Branch
M. Horwitz, Chief OCEPP
B. Everetts, Illinois EPA
C. Morin, Illinois EPA
S. Davis, Illinois DNR
T. Miller, Illinois EPA
L. Rosales, Office of Public Affairs

POLREP: #9 Fund Lead Removal

II. BACKGROUND

Site No: 05XX
CERCLIS No: ILD000605790
NPL Status: Non NPL
Start Date: 10/18/98
Completion Date: N/A

Task Order No: 0047
Response Authority: CERCLA
State Notification: 10/21/98
Demobilization Date: N/A
Status of Action Memorandum:
Signed 09/24/99

III. SITE DESCRIPTION

- A. Incident Category:** Former waste disposal site
- B. Site Location:** 70 Cargill Road
Cahokia, Illinois 62206
- Site Latitude: 38°34'93.5"
Site Longitude: 90°12'0.6"

1. Site description:

See initial Pollution Report for site background.

2. Description of threat:

See initial Pollution Report for description of threat.

C. Preliminary Assessment/Site Inspection Results

See initial Pollution Report for Preliminary Assessment.

IV. RESPONSE INFORMATION**A. Situation****1. Current situation:**

Seven areas have been or are presently being investigated. ERRS is currently excavating two distinct areas that contain bulk waste and drums. Excavation along eastern edge of the road that divides the east and west ponds has revealed the presence of bulk waste and drums. Excavation in an additional area has revealed the presence of a grey waste material that has failed a Chlor-n-soil PCB screening kit. The bulk wastes continued to be staged for analysis and characterization, while drums are investigated for labels or distinguishing markings. Heavy rain events on February 17 and 18, 2000, have delayed continuing excavation of wastes. No wastes have been removed from site grounds during this period.

2. Removal activities to date:

Over 2,100 drums have been removed from the site to date. The remaining waste and contaminated soil generated from the excavations is staged on the property, awaiting characterization, treatment, and disposal.

3. Enforcement:

Cost recovery actions are pending.

B. Planned Removal Actions

- Excavate drums and bulk waste from site.
- Identify potentially new areas using the magnetometer.
- Soil sampling throughout the area.
- Characterize for disposal present waste onsite.

C Next Steps

Continue to identify and excavate drums and contaminated soil.
Resume off site disposal, based on waste characteristic analytical results.

D. Key Issues

- Determine the waste characteristics of new waste excavated.
- Determine the extent of contamination on site.

V. COSTS

Total Cleanup Contractor (e.g, ERRS) Costs	\$1,280,000.
START	\$65,000.
U.S. EPA	\$39,000.
<u>TOTAL SITE COST</u>	<u>\$1,384,000.</u>
Project Ceiling	\$2,400,000.00
Project Funds Remaining (percentage) 42.3%	

The above accounting of expenditures is an estimate based on figures known to the OSC at the time this report was written. The OSC does not necessarily receive specific figures on final payments made to any contractor. Other financial data, which the OSC must rely upon, may not be entirely up to date. The cost accounting provided in this report does not necessarily represent an exact monetary figure which the government may include in any claim for cost recovery.

VI. DISPOSITION OF WASTES

<u>Wastestream</u>	<u>Medium</u>	<u>Quantity</u>	<u>Transportation</u>	<u>Treatment</u>	<u>Disposal</u>
PCB	Soil	7,325tons	Gondola Rail Cars	Lead Fixation	Landfill
Drums (crushed)		1450	Gondola Rail Cars	N/A	Landfill

REQUEST FOR LEAVE OR APPROVED ABSENCE

1. NAME <i>(Last, First, Middle Initial)</i> Turner Kevin R					2. EMPLOYEE OR SOCIAL SECURITY NUMBER Non-Responsive				
3. ORGANIZATION USEPA - Region 5 - Superfund									
4. TYPE OF LEAVE/ABSENCE <i>(Check appropriate box(es) below)</i>	From:	DATE	To:	From:	TIME	To:	TOTAL HOURS	5. FAMILY AND MEDICAL LEAVE	
<input type="checkbox"/> Accrued Annual Leave								If annual leave, sick leave, or leave without pay will be used under the Family and Medical Leave Act of 1993, please provide the following information: <input checked="" type="checkbox"/> I hereby certify my entitlement to Family and Medical Leave for: <input type="checkbox"/> Birth/Adoption/Foster Care <input checked="" type="checkbox"/> Serious Health Condition of Spouse, Son, Daughter, or Parent <input type="checkbox"/> Serious Health Condition of Self Contact your supervisor and/or your personnel office to obtain additional information about your entitlements and responsibilities under the Family and Medical Leave Act of 1993.	
<input type="checkbox"/> Accrued Annual Leave									
<input checked="" type="checkbox"/> Requested Sick Leave	2-17	2-17-00		7:30	4:00		8		
<input checked="" type="checkbox"/> Requested Sick Leave									
Purpose: <input type="checkbox"/> Medical/dental/optical examination of requesting employee <input type="checkbox"/> Other									
<input type="checkbox"/> Compensatory Time Off									
<input type="checkbox"/> Other Paid Absence									
<input type="checkbox"/> Leave Without Pay									
6. REMARKS:									
7. CERTIFICATION: I hereby request leave/approved absence from duty as indicated above and certify that such leave/absence is requested for the purpose(s) indicated. I understand that I must comply with my employing agency's procedures for requesting leave/approved absence (and provide additional documentation, including medical certification if required) and that falsification of information on this form may be grounds for disciplinary action, including removal.									
EMPLOYEE SIGNATURE Kevin Turner					DATE 2-18-00				
8. OFFICIAL ACTION ON REQUEST: <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED <i>(If disapproved, give reason. If annual leave, indicate action to be scheduled.)</i>									
SIGNATURE					DATE				
PRIVACY ACT STATEMENT Section 552 of Title 5, United States Code, authorizes collection of this information. The primary use of this information is by management and your payroll office to approve and record your use of leave. Additional disclosure of the information may be: To the Department of Labor when presenting a claim for compensation regarding a job connected injury or illness; to a State unemployment compensation office regarding a claim; to Federal life insurance or Health Benefits carriers regarding a claim; to a Federal, State, or local law enforcement agency when your agency becomes aware of a violation or possible violation of civil or criminal law; to a Federal agency when conducting an investigation for employment or security reasons; to the Office of Personnel Management or the General Accounting Office when the information is required for evaluation of leave administration; or to the General Services Administration in connection with its responsibilities for records management. Where the employee identification number is your Social Security Number, collection of this information is authorized by Executive Order 12957. Providing the information on this form, including your Social Security Number, is voluntary, but failure to do so may result in disapproval of this request. If your agency uses the information furnished on this form for purposes other than those indicated above, it may provide you with an additional statement reflecting those purposes.									